



STATE OF MICHIGAN  
JOCELYN BENSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

## MECHANIC SCHOOL CONTACT LIST

School/Facility name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_, ZIP code: \_\_\_\_\_

Maximum number of testing stations that will be in use at any one time: \_\_\_\_\_

(This is to ensure you have the correct number of test station licenses/registrations for installation)

### **Administrative contacts**

First contact name: \_\_\_\_\_, Title: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

Second contact name: \_\_\_\_\_, Title: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

### **Proctors (Name/Email)**

(Those individuals who will be assisting with testing: para pros, test lab staff, etc.)

1. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_

### **Instructors (Name/Email)**

1. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_

4. \_\_\_\_\_ / \_\_\_\_\_

Please return this form to:  
Doug Trutzl at [trutzld@Michigan.gov](mailto:trutzld@Michigan.gov) and Alin Potroanchenu at [potroanchenua1@Michigan.gov](mailto:potroanchenua1@Michigan.gov)